

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

0 1516766

FILED DATE

APPLICANT

CLAIMS

	CLAIMS							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1								51						
2								52						
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47								97						
48								98						
49								99						
50								100						
TOTAL DEP.								19						
TOTAL DEP.									19					
TOTAL CLAIMS								63						
TOTAL CLAIMS								82						

BEST AVAILABLE COPY